MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24053

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No. 230

Township Carondelet — Primary Registration District No. 2248 E — Registered No.

City St. Louis, Mo. (No. , Mt. St. Rose Sanatorium St. Ward)

2. FULL NAME Mrs. Mary Reeves

(a) Residence, No. 4060 Flad St., St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 29 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph T. Reeves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 235

10. Date deceased last worked at this occupation (month and year) March-1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 2

FATHER

13. NAME James R Hurn 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 8

MOTHER

15. MAIDEN NAME Nina Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Joseph T. Reeves
(ADDRESS) 4060 Flad

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE July-15-1932

19. UNDERTAKER A. H. McLaughlin
(ADDRESS) 1631 Missouri Ave.

20. FILED 7/15 1932 — L. C. Ebert M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 9, 25, 1930, to July 13, 1932

I last saw her alive on July 13, 1932. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Bilateral Pulmonary	
tuberculosis far advanced	
23 A	
23 B	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. W. Ebler, M. D.

(Address) Mt. St. Rose Sanatorium

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A

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